

DRUG STORE TRAINING CHECKLIST

STORE NAME _____ VENDOR NUMBER _____

STAFF PRESENT AND THEIR POSITION(S) _____

Check Items Explained to Vendor:

1. _____ Terms of Drug Store Vendor Agreement
2. _____ Maintaining qualifications to be an authorized vendor including, but not limited to: obtaining formula within 48 hours of verbal request, submission of all required forms within the time frames, and understanding the consequences of not maintaining the qualifications, pricing of WIC food items, and in some instances cases of formula must be broken.
3. _____ Attachment A
4. _____ Procedures for redeeming food instruments including, but not limited to: entering "Pay Exactly" on face of food instrument prior to obtaining a signature, charging only for authorized and approved foods received by the participant, parent, caretaker or proxy. Not allowing more food than is authorized and not issuing IOU's or due bills.
5. _____ Use of the Vendor Stamp.
6. _____ Procedures for receiving payment, including time frames and required documentation. (All food instruments must clear the contracted bank within 90 days.)
7. _____ Procedures for revalidation of food instruments.
8. _____ Requirement to attend training.
9. _____ Requirement to allow monitoring of store.
10. _____ Responsibility for training employees including responsibility for their actions.
11. _____ Violations of Program and applicable sanctions, including the Federally mandated sanctions and disqualification periods.
12. _____ Right to request fair hearing for termination or denial of application, **except** that expiration of the agreement or disqualification based on a Food Stamp Program disqualification or the State Agency's determination regarding participant access are not subject to review. Disqualification from the WIC Program may result in disqualification from the Food Stamp Program and may not be subject to administrative or judicial review under the Food Stamp Program.
13. _____ Agreement is null and void upon change of ownership.

VENDOR OR AUTHORIZED REPRESENTATIVE

I HEREBY CERTIFY THAT THE ITEMS WHICH ARE CHECKED ABOVE WERE EXPLAINED TO ME AND THE ABOVE LISTED STAFF. I DO UNDERSTAND EACH AND EVERY ITEM.

SIGNATURE TITLE DATE

PERSON PROVIDING TRAINING

SIGNATURE TITLE DATE